User's Guide

PUB 8.28.2006

APS-DRGs®

All Payer Severity-adjusted DRGs
(APS-DRGs®)
Normalized Charge, LOS, and
Mortality Weights
For Public Use
Version 23

HSS

An ingenix Company

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APS-DRGs® Normalized Weights
August 2006 Version 23

Because the policy of HSS Inc. is to make continuous improvements, this manual is subject to change without notice. All attempts are made to ensure that the information presented in this manual is correct. However, if you should find any error, please notify an HSS customer service representative.

HSS Inc. is an Ingenix company.

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Table of Contents

1 Introduction

Weights for the APS-DRGs® provide a powerful tool to assess severity across and within diagnostic groups. Based on a nationally representative all-payer sample of hospital discharges, the charge, length of stay, and mortality benchmarks can be used to measure performance and to estimate costs.

THIS CHAPTER EXPLAINS:

- APS-DRGs® Overview
- About HSS

APS-DRGS® OVERVIEW

Charge, length of stay (LOS), and mortality weights for Version 22.0 All-Payer Severity-adjusted DRGs (APS-DRGs®) provide statistically valid, normative standards to help users identify differences in expected resource use and outcomes based on patients' clinical characteristics. Such weights also can be used to assess the performance of individual providers against national benchmarks. HSS, Inc. (HSS) has generated these weights from a large, nationally representative database containing more than 7.8 million discharges from nearly 1,000 hospitals in 35 states. The large size of the input database allows considerable precision in the estimation process.

The HSS estimation procedure closely parallels methods used by the federal Centers for Medicare & Medicaid Services (CMS) in developing weights for the Medicare Prospective Payment System (PPS). The process begins by adjusting charges reported on individual records for differences in labor costs across hospitals. It then systematically trims both charges and LOS, excluding observations with reported values outside predetermined levels. Means are recalculated and weights are derived by dividing these means by averages calculated across all inlier records. Results are inspected for logical consistency and reasonableness. When problems appear to exist because of small cell sizes, weights are imputed. Final weights are produced by normalizing weights so that their average across all records in the input database uniformly equals 1.000.

ABOUT HSS

HSS, an Ingenix company, develops solutions that streamline the coding, regulatory and reimbursement processes at provider and payer organizations. HSS' experience with providers and payers enables it to provide the tools and methodologies for organizations to evaluate financial and operational performance, target areas of performance improvement and balance risk-assumption with profit opportunities. These solutions combine technology with HSS' nationally recognized healthcare expertise. HSS solutions are used by more than 900 hospitals and 160 managed-care organizations. They are also embedded in health information management applications offered by more than 25 of the industry's major software vendors. For more information, visit www.hssweb.com.

Contacting HSS

Mailing Address:	HSS Client Services 400 Capital Boulevard, 4th Floor Rocky Hill, CT. 06067
Phone Number:	(800) 999-DRGS (3747) (860) 221-0549
Fax Number:	(973) 241-9713
Web Address (URL):	www.hssweb.com

Email Client Services: support@hss-info.com
Email Coding: coding@hss-info.com
Email Sales: sales@hss-info.com

Client Services

We welcome you as a valued client. HSS maintains an active Client Services department that provides expert guidance on coding and reimbursement issues affecting health claims payment. For general support issues, please contact HSS Client Services using one of the methods detailed below.

When opening a call with HSS Client Services, you will be issued a call ticket number. These ticket numbers correlate to individual issues, If you are experiencing multiple issues, it is recommended to obtain individual call ticket numbers.

When calling HSS Client Services regarding a previously opened call ticket, have your call ticket number available. If you misplaced or did not receive a call ticket number, please ask the technician to provide it to you.

HSS Client Services Phone: 800-999-DRGS (3747)

1. Places you into call queue. Call is taken in order received.
2. Calls are answered in the order that they are received. If there is a high call volume, calls are held in a queue until a technician becomes available.
3. Calls classified as an industry expert category (i.e., case and reimbursement, logic encoder, etc.) will be escalated to HSS experts.

HSS Voicemail: 800-999-DRGS (3747)

Press #, then 6 for Voicemail

1. Leave name and number and brief description of product issue.
2. Response time to voicemail is generally within a few business hours.
3. Service Technician has ability to do prior research before calling back.

HSS Email: support@hss-info.com

1. Include name and number and detailed description of product issue.
2. Response time to email is generally within a few business hours.
3. Service Technician has ability to do prior research before calling back.

2 Methods

THIS CHAPTER EXPLAINS:

- Data
- APS-DRGs® Weight Calculation
- Results
- Data Quality and APS-DRGs® Assignment

DATA

Data from the 2002 National Inpatient Sample (NIS) of the Healthcare Cost and Utilization Project were used to develop the weights. This data source was developed by the Agency for Healthcare Research and Quality using a stratified probability sample of hospitals from 35 states to create a nationally representative 20 percent sample of all U.S. community hospitals. Strata are by hospital size, location, ownership, and teaching status. Within each stratum, sampling probabilities are directly proportional to the number of hospitals located in the 35 participating states and inversely proportional to the total number of U.S. community hospitals.

The 2002 NIS contains information on all inpatient stays from 995 hospitals, a total of 7,853,982 records. These data were linked to appropriate wage indexes published by CMS. (The NIS contains identifiers to enable such linkages for hospitals in every state except Georgia, Hawaii, Kansas, Michigan, Nebraska, Ohio, South Carolina, South Dakota, Tennessee, and Texas, where confidentiality restrictions prohibit hospital identification. For these ten states, we used the overall, state average wage index for all NIS hospitals in each state.)

APS-DRGS® WEIGHT CALCULATION

The calculation of weights for the Version 23.0 APS-DRGs® is similar to the methodology used by CMS in developing the annual DRG relative weights. This involves several steps, as described below.

STEP 1. ASSIGN VERSION 23.0 APS-DRGS® TO THE DATA

The 8 million discharges described above were assigned to appropriate Version 23.0 APS-DRGs® using Healthcare AdVantage™. As appropriate, the ICD-9-CM diagnosis and procedure codes found in the NIS were mapped into Version 23.0 codes. An output file was then created containing linking variables, APS-DRGs®, APS-MDCs, and return codes. Finally, a series of summary statistics were calculated from the output files to assess data quality and other analytic issues.

STEP 2. CREATE HOSPITAL-LEVEL WAGE FILE AND MERGE TO PATIENT FILE

The CMS Wage Index History File was linked to the 2002 NIS hospital weight file to obtain the associated wage index for each sample hospital. For states that prohibit hospital identification, state average wage indexes were assigned. For hospitals represented in the NIS but not on the History file (primarily specialty hospitals), indexes were assigned using the geographic information available on the NIS.

The hospital-level file was then merged to the patient-level file. Charges on the input were adjusted by dividing a portion of each hospital-specific charge by the wage index for the area in which the hospital was located. The CMS wage index reflects total hospital salaries and hours excluding the salaries and hours associated with skilled nursing facilities and other non-hospital cost centers, home office salaries and hours, and the fringe benefits associated with hospital and home office salaries. The portion of the charges adjusted by the CMS wage index was 71.10 percent (CMS's October 2002 estimate of the portion of the "hospital market basket" for labor-related items).

STEP 3. CALCULATE AND APPLY TRIMS

Initial outlier trim points were calculated at 3.0 standard deviations from the overall arithmetic mean of the log-transformed LOS and charges. Using these trimmed data, a second set of trim points was calculated, again using 3.0 standard deviations from the arithmetic mean of the log-transformed data.

Trim points for the APS-DRGs® were then merged onto the patient file and used to identify outliers to be excluded from the remainder of the calculations. Note that outliers were determined variable by variable; for example, records containing charge outliers were not necessarily excluded from the calculations of LOS and mortality weights. Summary weights were re-estimated by APS-DRGs®, APS-MDC, and CDRG.

STEP 4. IDENTIFY AND ASSESS ATYPICAL PATTERNS THAT MIGHT AFFECT WEIGHTS

As an additional quality-control measure, certain APS-DRGs® were identified and examined, especially when they involved atypical patterns of weights. The purpose of this step was to identify potential problems in the preceding data processing steps and to ensure that apparently unusual empirical results were based upon adequate data resources. The focus of this step included the following types of APS-DRGs®:

- APS-DRGs® with no observations.
- APS-DRGs® containing less than 50 observations.
- Weights for APS-DRGs® that were five times greater than the weight for the Consolidated DRG (CDRG).
- Weights for APS-DRGs® that were non-monotonic; that is, less than weights of less severe APS-DRGs® within the same CDRG.

STEP 5. PERFORM IMPUTATIONS

The weights for all APS-DRGs® containing less than 25 observations were imputed by calculating a weighted average. Estimated weights from the national data were supplemented with additional information obtained from similar APS-DRGs®. More weight was given to the average LOS, charge, and mortality statistics for individual APS-DRGs® as the number of cases increased and as the variance of those statistics declined.

STEP 6. CALCULATE RELATIVE WEIGHTS

The final, post-imputation estimated average LOS, charge, and mortality for individual APS-DRGs® was then divided by the overall LOS, charge, and mortality average to determine the relative weights. The latter was calculated by dividing the total days, charges, or deaths in the input database by the number of inlier records for that particular variable.

Normalized weights for the APS-DRGs® were standardized to ensure that the average weight calculated across all discharge records in the input database was 1.000 after adjustment. This was done by comparing the overall average charge, LOS, and mortality weights before and after the weights were adjusted.

RESULTS

The input data set contained a total of 7,853,982 records. Applying national sampling weights, these records represent almost 38 million discharges from community hospitals in the United States during 2002. After eliminating 2,354 records with a missing principal diagnosis, and 298 records with UB92 discharge status codes of 40 (Died at home), 41 (Died in a[nother] medical facility), or 42 (Died, place unknown), 7,851,330 records were available for developing weights.

DATA QUALITY AND APS-DRGS® ASSIGNMENT

Frequencies for the Version 23.0 APS-DRGs® were examined for variation and compared to results from previous years. Less than 0.06 percent of the records (n=4,653) were ungroupable (APS-DRG 4700), with the majority failing to group due to invalid principal diagnoses. Few records (n=32) were assigned to APS-DRG 4690, *Principal Diagnosis Invalid as Discharge Diagnosis*.

Low-volume APS-DRGs® were similar to previous years' results. Table 3-1 on page 9 lists the five (5) APS-DRGs® with no observations in the study data.

Table 3-2 on page 10 lists the 35 APS-DRGs® with fewer than 50 weighted cases nationally in 2002, based upon their observed frequency in the NIS. Note that many of these low-volume APS-DRGs® are elective procedures done in an ambulatory setting (for example, eye procedures, circumcision, and sterilization). Even when performed as an inpatient, few patients have Major CCs associated with them.

3 Final Weights

THIS CHAPTER EXPLAINS:

- APS-DRGs® Final Weights

APS-DRGS® FINAL WEIGHTS

Approximately 0.66 percent of the records exceeded the individual APS-DRGs® charge outlier thresholds, while 0.46 percent of records were identified as LOS outliers. After excluding these records, the imputation procedure described above was performed for APS-DRGs® with relatively low volume, and final weights were calculated. The final weights were compared to previous years, taking into account changes in the APS-DRGs® made in moving from Version 22 to Version 23. These CMS-originated changes include reclassifying existing codes into different DRGs and making the additional changes for FY 2005 detailed in the HSS Industry Insight for the update to the APS-DRGs® Version 23.0.

In general,

- ***Charge weights*** ranged from 0.097 to 20.495 with a ***mean charge*** of $16,955.17.
- ***LOS weights*** ranged from 0.220 to 18.510 with a ***mean LOS*** of 4.5442 days.
- ***Mortality weights*** ranged from 0 to 39.409 with a ***mean mortality*** of 0.02239 deaths per discharge.

To calculate an ***expected charge*** (***expected LOS***, or ***expected mortality***) for a given discharge record, simply multiply the ***charge weight*** (***LOS weight***, or ***mortality weight***) obtained by applying APS-DRGs® to that record, by the ***mean charge*** (***mean LOS***, or ***mean mortality***) noted above.

The imputation procedure described above "adjusted the original estimated weights" for 62 APS-DRGs®. Many of these adjustments were relatively minor. At least 90 percent of the information was derived from the APS-DRGs® in the original study data for all three final weights in the three (3) APS-DRGs® shown in Table 3-3 on page 11. At the other extreme, none of the final weight was derived from the APS-DRGs® in the original study data for the five (5) APS-DRGs® shown in Table 3-1. The 40 APS-DRGs® shown in Table 3-4 on page 11 received less than half of their final weight from the APS-DRGs® original information for at least one weight. Table 3-5 on page 12 contains a list of the remaining 14 APS-DRGs® with adjusted final weights where at least half of the information comes from its own data for all three sets of weights and at least one weight uses less than 90 percent of the information.

APS-DRGs® are represented in the tables as five-digit numbers, consisting of two parts: a four-digit Consolidated DRG and a one-digit severity class number. The Consolidated DRG or CDRG is derived from the patient's CMS DRG and the severity class is obtained by evaluating the patient's secondary diagnoses. The APS-DRGs® group number may be represented by the syntax "XXXXY," where "XXXX" is the CDRG and "Y" is the severity class.

Table 3-1: APS-DRGs® (N=5) With No Observations In Data Used To Estimate Weights

APS-DRGS®	DESCRIPTION
03302	URETHRAL STRICTURE AGE 0-17 W MCC
03511	STERILIZATION, MALE W CC

Table 3-1: APS-DRGs® (N=5) With No Observations In Data Used To Estimate Weights

APS-DRGs®	DESCRIPTION
05082	FULL BRN WO GR OR INHAL W SIG TR W MCC
05262	PERC CV PR W DRUG STENT W AMI W MCC
05272	PERC CV PR W DRUG STENT WO AMI W MCC

Table 3-2: APS-DRGs® (N=35) With Fewer Than 50 Observations in 2002 NIS

APS-DRGs®	DESCRIPTION
00062	CARPAL TUNNEL RELEASE W MCC
00381	PRIMARY IRIS PROCEDURES W CC
00382	PRIMARY IRIS PROCEDURES W MCC
00392	LENS PROCS WITH OR W/O VITRECTOMY W MCC
00412	EXTRAOCUL PROC EXC ORBIT AGE 0-17 W MCC
00592	TONSILLCT &/OR ADNDCT ONLY AGE>17 W MCC
02622	BRST BIOP& LOC EXCIS FOR NON-MAL W MCC
02672	PERIANAL & PILONIDAL PROCEDURES W MCC
02911	THYROGLOSSAL PROCEDURES W CC
02912	THYROGLOSSAL PROCEDURES W MCC
03142	URETHRAL PROCEDURES, AGE 0-17 W MCC
03272	KIDNY,URIN TRACT SIGN,SYMP 0-17 W MCC
03300	URETHRAL STRICTURE AGE 0-17 W/O CC
03301	URETHRAL STRICTURE AGE 0-17 W CC
03402	TESTES PROCEDURES AGE 0-17 W MCC
03422	CIRCUMCISION AGE >17 W MCC
03431	CIRCUMCISION AGE 0-17 W CC
03432	CIRCUMCISION AGE 0-17 W MCC
03510	STERILIZATION, MALE W/O CC
03512	STERILIZATION, MALE W MCC
03622	ENDOSCOPIC TUBAL INTERRUPTION W MCC
03822	FALSE LABOR W MCC
03932	SPLENECTOMY AGE 0-17 W MCC
04121	HISTORY OF MALIGNANCY W CC
04122	HISTORY OF MALIGNANCY W MCC
05062	FULL BRN W GR OR INHAL W SIG TR W MCC
05080	FULL BRN WO GR OR INHAL W SIG TR WO CC

Table 3-2: APS-DRGs® (N=35) With Fewer Than 50 Observations in 2002 NIS

APS-DRGs®	DESCRIPTION
05081	FULL BRN WO GR OR INHAL W SIG TR W CC
05100	NON-EXT BURNS W SIG TRAUMA WO CC
05101	NON-EXT BURNS W SIG TRAUMA W CC
05102	NON-EXT BURNS W SIG TRAUMA W MCC
05132	PANCREAS TRANSPLANT W MCC
05260	PERC CV PR W DRUG STENT W AMI WO CC
05261	PERC CV PR W DRUG STENT W AMI W CC
05271	PERC CV PR W DRUG STENT WO AMI W CC

Table 3-3: APS-DRGs® (N=3) Where APS-DRGs®-Level Data Contribute at Least 90 Percent of Their Information for All Three Final Weights

APS-DRGs®	DESCRIPTION
00402	EXTRAOCUL PROC EXC ORBIT AGE >17 W MCC
03621	ENDOSCOPIC TUBAL INTERRUPTION W CC
05270	PERC CV PR W DRUG STENT WO AMI WO CC

Table 3-4: APS-DRGs® (N=40) Where APS-DRGs®-Level Data Contribute Less Than 50 Percent of Their Information for At Least One Final Weight

APS-DRGs®	DESCRIPTION
00062	CARPAL TUNNEL RELEASE W MCC
00381	PRIMARY IRIS PROCEDURES W CC
00382	PRIMARY IRIS PROCEDURES W MCC
00392	LENS PROCS WITH OR W/O VITRECTOMY W MCC
00412	EXTRAOCUL PROC EXC ORBIT AGE 0-17 W MCC
00512	SALIVARY GLAND PROCEDURES W MCC
00592	TONSILLCT &/OR ADNDCT ONLY AGE>17 W MCC
01030	HEART TRANSPL OR IMPL HEART ASST W/O CC
02622	BRST BIOP& LOC EXCIS FOR NON-MAL W MCC
02672	PERIANAL & PILONIDAL PROCEDURES W MCC
02822	TRAUMA SKN,SUBCUT TISS&BRST 0-17 W MCC
02911	THYROGLOSSAL PROCEDURES W CC
02912	THYROGLOSSAL PROCEDURES W MCC
03142	URETHRAL PROCEDURES, AGE 0-17 W MCC
03272	KIDNY,URIN TRACT SIGN,SYMP 0-17 W MCC

Table 3-4: APS-DRGs® (N=40) Where APS-DRGs®-Level Data Contribute Less Than 50 Percent of Their Information for At Least One Final Weight

APS-DRGs®	DESCRIPTION
03300	URETHRAL STRICTURE AGE 0-17 W/O CC
03301	URETHRAL STRICTURE AGE 0-17 W CC
03402	TESTES PROCEDURES AGE 0-17 W MCC
03422	CIRCUMCISION AGE >17 W MCC
03431	CIRCUMCISION AGE 0-17 W CC
03432	CIRCUMCISION AGE 0-17 W MCC
03510	STERILIZATION, MALE W/O CC
03512	STERILIZATION, MALE W MCC
03622	ENDOSCOPIC TUBAL INTERRUPTION W MCC
03822	FALSE LABOR W MCC
03932	SPLENECTOMY AGE 0-17 W MCC
04121	HISTORY OF MALIGNANCY W CC
04122	HISTORY OF MALIGNANCY W MCC
05051	EXT,FULL BURN W MV 96+H WO SK GRFT W CC
05061	FULL BRN W GR OR INHAL W SIG TR W CC
05062	FULL BRN W GR OR INHAL W SIG TR W MCC
05080	FULL BRN WO GR OR INHAL W SIG TR WO CC
05081	FULL BRN WO GR OR INHAL W SIG TR W CC
05100	NON-EXT BURNS W SIG TRAUMA WO CC
05101	NON-EXT BURNS W SIG TRAUMA W CC
05102	NON-EXT BURNS W SIG TRAUMA W MCC
05250	OTHER HEART ASSIST SYSTEM IMPLANT WO CC
05260	PERC CV PR W DRUG STENT W AMI WO CC
05261	PERC CV PR W DRUG STENT W AMI W CC
05271	PERC CV PR W DRUG STENT WO AMI W CC

Table 3-5: APS-DRGs® (N=14) Where APS-DRGs®-Level Data Contribute 50 Percent to 90 Percent of Their Final Weight

APS-DRGs®	DESCRIPTION
00482	OTHER DISORDERS OF EYE AGE 0-17 W MCC
00522	CLEFT LIP & PALATE REPAIR W MCC
00612	MYRINGOTMY W TUBE INSERT AGE >17 W MCC
02322	ARTHROSCOPY W MCC

Table 3-5: APS-DRGs® (N=14) Where APS-DRGs®-Level Data Contribute 50 Percent to 90 Percent of Their Final Weight

APS-DRGs®	DESCRIPTION
02552	FX,SPR,STR,DSL UP EXT,AGE 0-17 W MCC
02612	BRST PR NON-MAL,EX BIOP&LOC EXCIS W MCC
03141	URETHRAL PROCEDURES, AGE 0-17 W CC
03621	ENDOSCOPIC TUBAL INTERRUPTION W CC
04312	CHILDHOOD MENTAL DISORDERS W MCC
04412	HAND PROCEDURES FOR INJURIES W MCC
04462	TRAUMATIC INJURY AGE 0-17 W MCC
04880	HIV W EXTENSIVE O.R. PROCEDURE W/O CC
05060	FULL BRN W GR OR INHAL W SIG TR WO CC
05132	PANCREAS TRANSPLANT W MCC

4 Distribution

THIS CHAPTER EXPLAINS:

- Distribution Overview
- Distribution File

DISTRIBUTION OVERVIEW

Weights and trims for the Version 23.0 APS-DRGs® are contained in a single ASCII disk file, as documented below.

Filename:	HIPAAS23WTRIM.DAT
Description:	APS-DRGs® Weight and Trims
Record Size:	110
Record Count:	1,136

DISTRIBUTION FILE

The format of this file is displayed in the table below.

Table 4-1: Description of Weight File

FIELD	FORMAT	POSITIONS	DESCRIPTION
APS	N(5)	1 - 5	APS-DRGs® Number
FILLER	C(1)	6 - 6	
DESCRIPTION	C(40)	7 - 46	APS-DRGs® Description
FILLER	C(1)	47 - 47	
LOSWT	N(3).N(5)	48 - 56	Length of Stay Weight (with explicit decimal)
FILLER	C(1)	57 - 57	
CHGWT	N(3).N(5)	58 - 66	Charge Weight (with explicit decimal)
FILLER	C(1)	67 - 67	
LLOSTRIM	N(4)	68 - 71	Low Length of Stay Trim
FILLER	C(1)	72 - 72	
HLOSTRIM	N(4)	73 - 76	High Length of Stay Trim
FILLER	C(1)	77 - 77	
LCHGTRIM	N(8).N(2)	78 - 88	Low Charge Trim
FILLER	C(1)	89 - 89	
HCHGTRIM	N(8).N(2)	90 - 100	High Charge Trim
FILLER	C(1)	101 - 101	
MORTWT	N(3).N(5)	102 - 110	Mortality Weight (with explicit decimal)

Appendix A: HSS Forms

This section provides forms that clients may fill out and return to HSS Client Services.

THIS APPENDIX INCLUDES:

- Organization Change of Information Form
- Product Manual Feedback Form

ORGANIZATION CHANGE OF INFORMATION FORM

Use the form below to provide the HSS Fulfillment Department with any changes that may apply to shipping or contact information.

CHANGE OF INFORMATION FORM			
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	City	*State*	*ZIP Code*
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Web Address (URL):			
Email Address:			
HSS Contract Number:			
Interests (Yes or No):	*Electronic Updates?*	*Industry Insights?*	*Product Bulletins?*
Special Notes:	*(Please use this space to note what information has changed or any special notes that may be useful.)*		

After completing the form, mail or fax this to HSS, Inc. at:

Mailing Address:	HSS Client Services 400 Capital Boulevard, 4th Floor Rocky Hill, CT. 06067
Fax Number:	(973) 241-9713

PRODUCT MANUAL FEEDBACK FORM

Use the feedback form below to provide HSS with your feedback. Let us know your specific questions, problems or recommendations to help us continually improve our manuals.

Contact Information

Your Name:

Email Address:

Company/Organization:

Phone Number:

Manual Comments

Please take a moment to help us to improve the quality of our documents with your suggestions:

I rate this manual:	Excellent	Good	Fair	Poor
Accuracy (product works as manual says)	☐	☐	☐	☐
Completeness (enough information)	☐	☐	☐	☐
Clarity (easy to understand)	☐	☐	☐	☐
Organization (structure of subject matter)	☐	☐	☐	☐
Figures (useful)*	☐	☐	☐	☐
Examples (useful)*	☐	☐	☐	☐
Index (ability to find topic)*	☐	☐	☐	☐
Page Layout (easy to find information)	☐	☐	☐	☐

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400 Capital Boulevard, 4th Floor
Rocky Hill, CT. 06067

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Appendix B: Release Notes

THIS APPENDIX INCLUDES:

- August 2006 (Version 23)
- March 2005 (Version 22)

An [redacted] Company

APS-DRGs®

ALL PAYER SEVERITY-ADJUSTED DRGs
NORMALIZED WEIGHTS FOR PUBLIC USE

Product Release Notes

August 2006 (Version 23)

PUB 8.28.2006

About this Release

Charge, length of stay (LOS), and mortality weights and trims have been updated for the Version 23.0 All Payer Severity-adjusted DRGs (APS-DRGs®). A synopsis of changes will be summarized in a HSS ***Industry Insight***. HSS ***Industry Insights*** can be viewed on the HSS web site at www.hssweb.com.

Product Version Number

Version numbers on the software and on the ***User's Guide*** have changed to V23.

HSS Client Services

If you have questions regarding the All Payer Severity-adjusted DRGs (APS-DRGs®) updates described above, please contact our Client Services Department at 1-800-999-DRGS (3747) or e-mail support@hss-info.com.

For More Information

For further information on this update refer to the HSS web site (www.hssweb.com). ***Hssweb*** is updated on a regular basis with new and timely ***Industry Insights***, as well as access to source documents and other relevant documentation.

An [redacted] Company

APS-DRGs®

ALL PAYER SEVERITY-ADJUSTED DRGs
NORMALIZED WEIGHTS FOR PUBLIC USE

Product Release Notes

March 2005 (Version 22)

PUB 8.28.2006

About this Release	Charge, length of stay (LOS), and mortality weights and trims have been updated for the Version 22.0 All-Payer Severity-adjusted DRGs (APS-DRGs®). A synopsis of changes can be found in HSS Industry Insight No. 310, Version 22.0 Update to the APS-DRGs®, which is included in this manual in Appendix B.
Product Version Number	Version numbers on the software and on the ***User's Guide*** have changed to V22.
HSS Client Services	If you have questions regarding the All Payer Severity-adjusted DRGs (APS-DRGs®) updates described above, please contact our Client Services Department at 1-800-999-DRGS (3747) or e-mail support@hss-info.com.
For More Information	For further information on this update refer to the HSS web site (www.hssweb.com). ***Hssweb*** is updated on a regular basis with new and timely ***Industry Insights***, as well as access to source documents and other relevant documentation.